



February 18, 2011

ID#: *123456789*

NAME
ADDRESS
CITY, STATE ZIP

Dear Subscriber:

The member(s) listed below will lose Basic Health (BH) coverage effective 12:01 a.m. on March 1, 2011. BH has determined you are ineligible for coverage because your income is over 133 percent of the Federal Income Guidelines (FIG).

<MEMBERS>

Basic Health requires your income be below 133 percent of the FIG to receive BH coverage.¹

If you have already paid your premium, we will refund your payment.

Other Coverage Options

DSHS offers coverage for children through Apple Health for Kids. Children 18 and younger could be eligible at no cost or with a premium of \$30 or less per month. For questions regarding this program, visit <http://hrsa.dshs.wa.gov/applehealth/> or call 1-800-204-6429.

You may also be eligible for other DSHS programs. Visit the DSHS trial eligibility calculator at <http://www.dshs.wa.gov/esa/TEC/> to:

- Complete and submit an online application,
- Download an application to mail in, or
- Locate your local Community Service office.

If you do not have internet access and you would like to apply, please call 1-877-514-3663 to request a DSHS application.

Basic Health administers a non-subsidized program called Washington Health. This program operates at no cost to the state as members pay the full premiums. There is no waiting list for this program. To find out more information or to see if you are eligible, visit www.washingtonhealth.hca.wa.gov or call 1-800-660-9840.

¹ Chapter 568, Laws of 2009

HCA 21-314 (02/11) Non-Transition Eligible Over 133% - Disenrollment

The Washington Prescription Drug Program (WPDP) is free to all residents, regardless of age or income, who do not have prescription drug insurance coverage or whose insurance does not cover all their prescription drug needs. Enrollment forms are available online at www.rx.wa.gov or by calling 1-800-913-4146.

The Basic Health website has a list of other resources available to you. Please visit http://www.basicehealth.hca.wa.gov/other_options.html for these options.

Appeal Rights

If you believe the action taken on your account is wrong, we must receive your appeal within 30 days of the date of this letter. Send a written appeal to PO Box 42690, Olympia, WA 98504 with your name, BH ID number, mailing address, and daytime phone number. In your appeal, you must explain the decision you disagree with, why you disagree, what you want to change, and include any documents you have to support your request.

For more information, visit <http://basicehealth.hca.wa.gov> or call 1-800-660-9840.

Sincerely,

Basic Health